

BACKGROUND

Endometrial cancer is the fourth most common cancer among women in the United States, with incidence and mortality rates continuing to rise despite increased research investments. Sociodemographic disparities and delays in care contribute to these adverse outcomes.

The aim of this study was to assess the psychosocial well-being and patient-reported barriers to endometrial cancer care using data from the Cancer Experience Registry.

METHODS

- From Nov 2021-Aug 2025, 98 U.S adults with a primary diagnosis of endometrial cancer participated in the Cancer Support Community's online **Cancer Experience Registry** about the multidimensional impact of cancer.
- Participants provided sociodemographic and clinical information and completed PROMIS29+2 measures (t-scores standardized to a U.S. population mean= 50, SD=10) assessing psychosocial and physical symptom burden and functioning. Respondents also reported barriers to their endometrial cancer care and treatment.
- Descriptive analyses summarized cohort characteristics, PROMIS t-scores, and barriers. Independent t-tests assessed differences in PROMIS t-scores by reported delays in care (Yes/No).

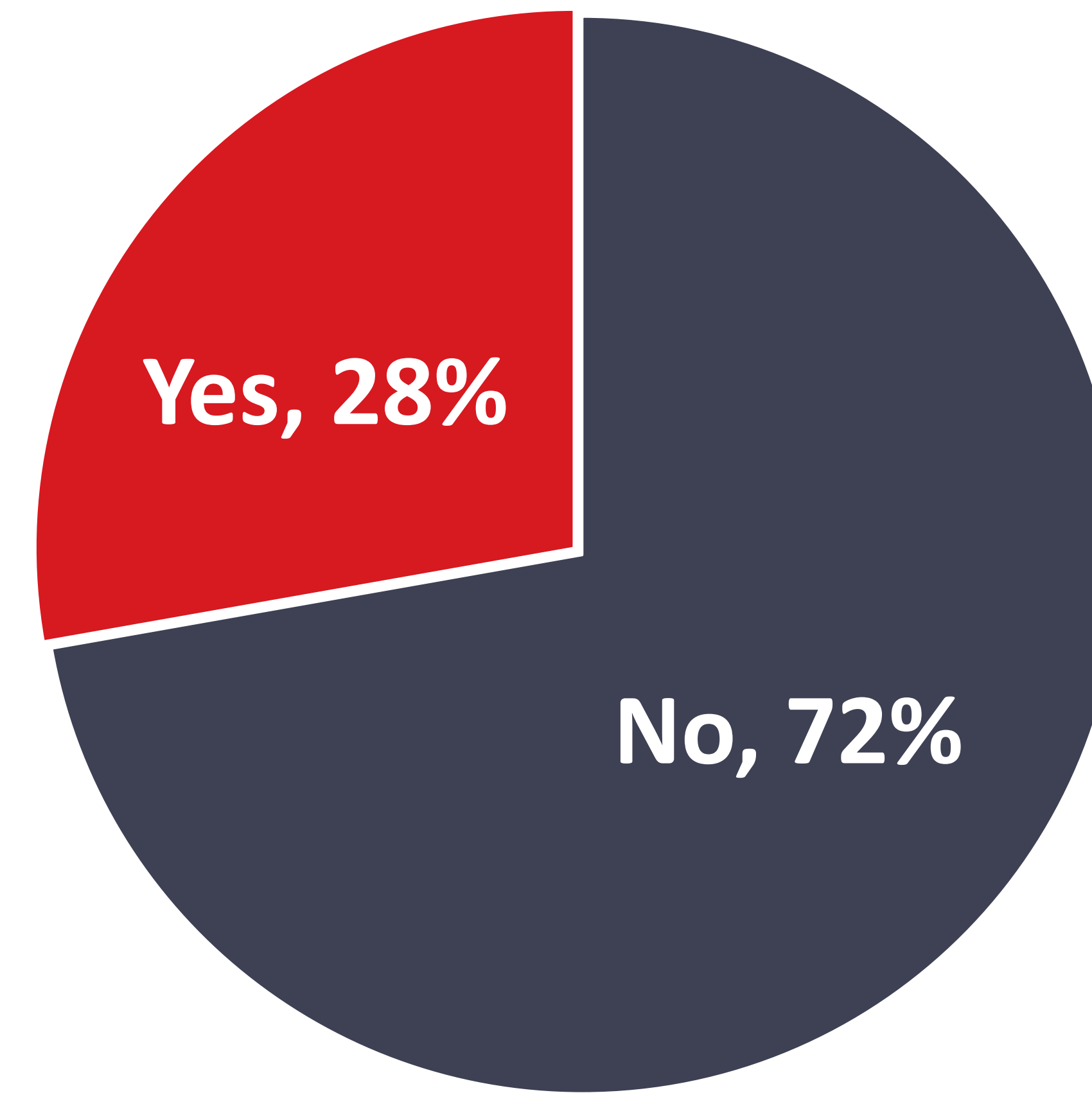
PARTICIPANTS

Participant Descriptives (N=98)	Mean/ n	SD/ %
Age (years) , range (24-85)	M=66	SD=10
Race & Ethnicity		
Non-Hispanic White	76	78%
Non-Hispanic Black / African American	11	11%
Non-Hispanic Other/Multiracial/Hispanic	11	11%
Household Income		
<\$40,000	20	20%
\$40,000 - \$79,999	28	29%
\$80,000 - \$119,999	13	13%
\$120,000 +	19	19%
Prefer not to share	18	18%
Treatment Status		
Currently receiving treatment	35	36%
Recovering from treatment	22	22%
Active surveillance period	24	24%
Time since Diagnosis		
0-2 years	M=5	SD=5
3-5 years	37	38%
6-10 years	26	27%
>10 years	21	21%
>10 years	14	14%
Education		
High school, some college, or Associate's	36	37%
Bachelor's degree	28	29%
Graduate degree	34	35%

Percentages may not total 100% due to missing data.

RESULTS

Figure 1. Percent experiencing delays or barriers in accessing care or treatments



Note. Exact wording was as follows: At any time since you were first diagnosed with cancer, have you experienced delays or barriers in accessing care or treatments for your endometrial cancer?

Table 1. Percent of participants with PROMIS-29+2 scores with moderate or severe impairment*

PROMIS Domain	N	Percent
Physical Function	32	33%
Fatigue	29	30%
Pain Interference	28	29%
Anxiety	26	27%
Sleep Disturbance	16	16%
Social Function	16	17%
Depression	13	13%
Cognitive Function	5	5%

*Scores are moderate to severe if they are ≥ 1 SD from the mean of 50

CONCLUSIONS AND IMPLICATIONS

- These findings suggest elevated emotional and physical burden and structural barriers to timely treatment for endometrial cancer patients, with sleep and social wellness at greater risk for those citing delays to care.
- Delays were most attributed to insurance-related barriers, including lack of coverage or denial of payment and prior authorization challenges, as well as time-related constraints such as insufficient time and inability to take time off work.
- Together, these findings highlight the central role of insurance complexity and employment-related constraints in shaping access to timely cancer care. Integrating psychosocial support and improving care navigation may reduce disparities and improve quality of life.
- Future work should identify modifiable factors to promote equitable access to endometrial cancer care.

ACKNOWLEDGMENTS: Financial support for the Cancer Experience Registry (CER) was provided by Bristol Myers Squibb and Genentech.

Figure 2. What are the reasons you did not get all the medical care, tests, or treatment you or your cancer team believe you need?

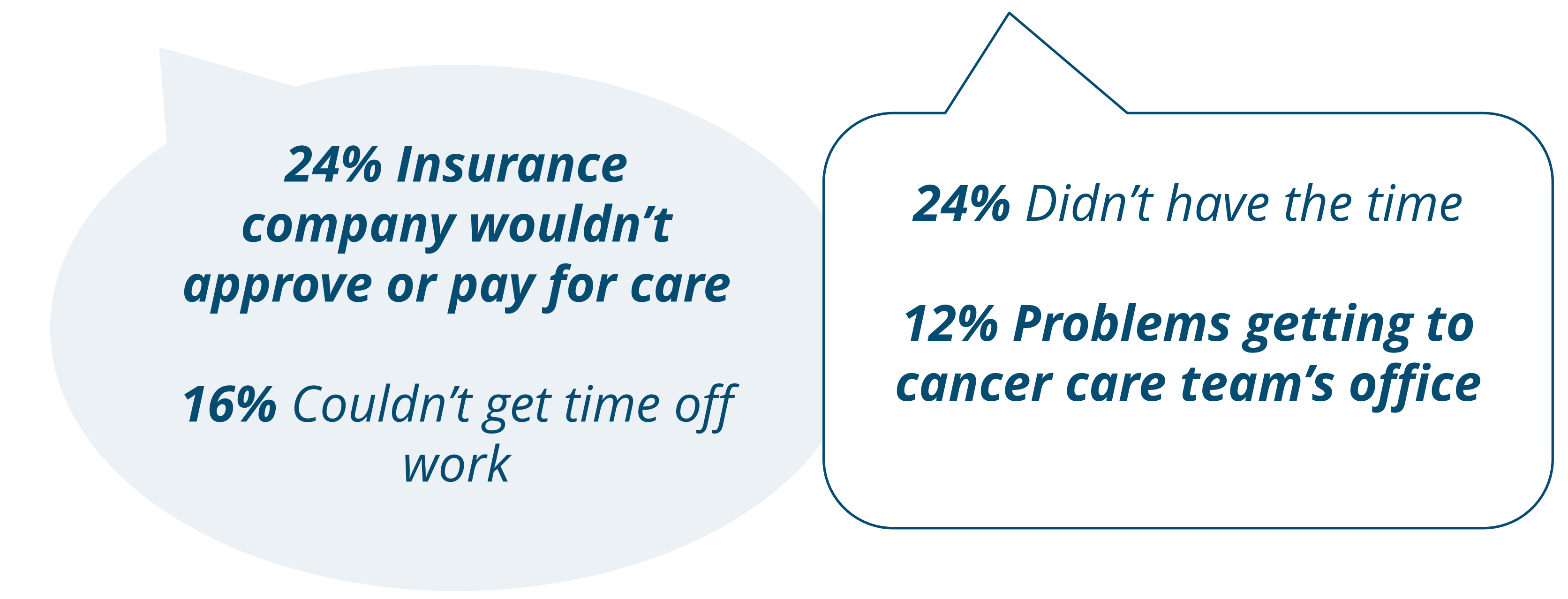
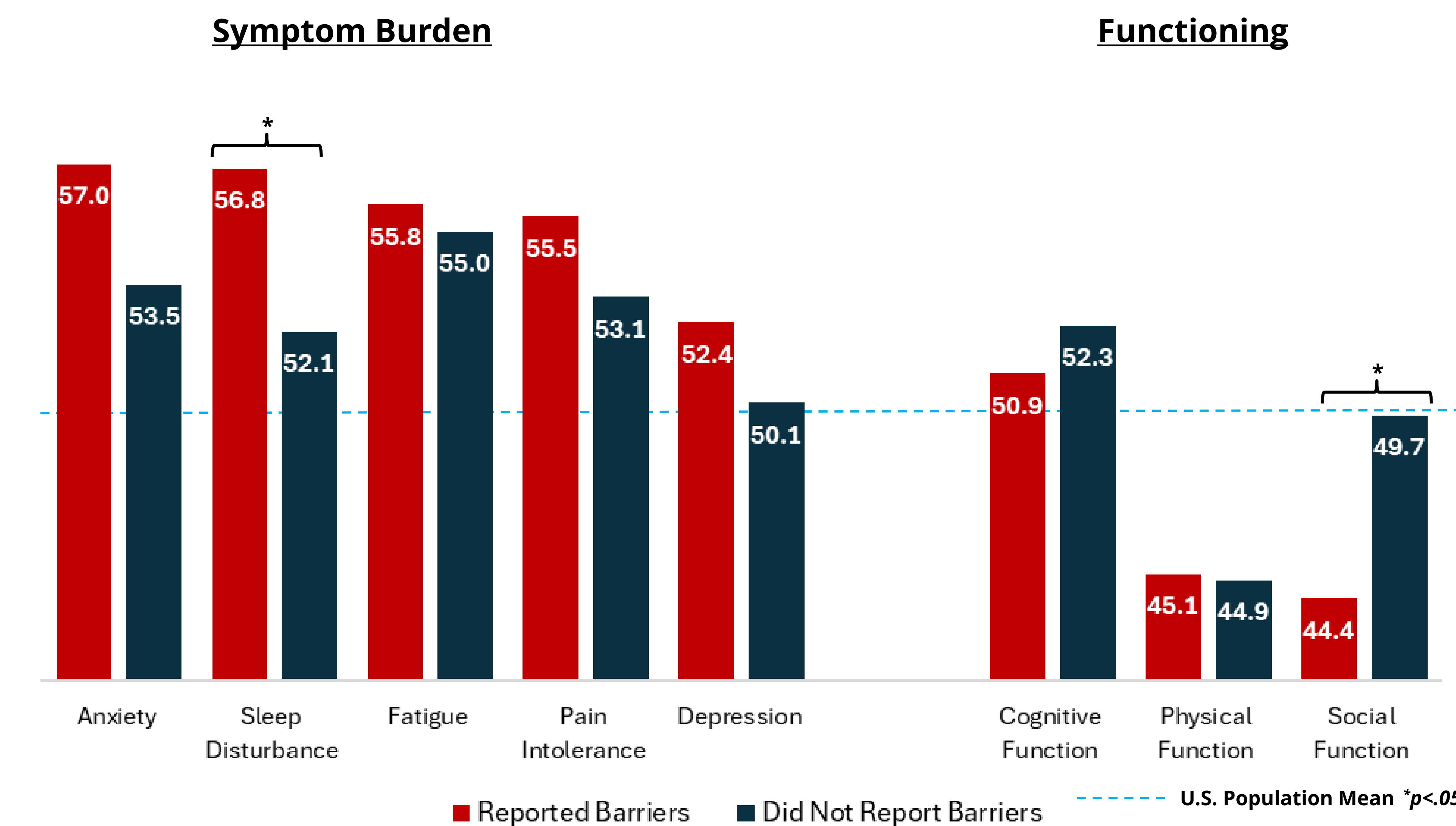


Figure 3. PROMIS-29+2 symptom burden and functioning scores by delays or barriers in accessing care or treatments



Based on independent sample t-tests results of 90 U.S adults with endometrial cancer from the CER. Participants reporting delays or barriers to care had higher PROMIS-29+2 sleep disturbance scores (M = 56.8, SD = 6.0) and lower PROMIS social function scores (M = 44.4, SD = 9.4) than those reporting no delays or barriers (sleep disturbance: M = 52.1, SD = 7.1; social function: M = 49.7, SD = 9.6). Differences were statistically significant for both outcomes (sleep disturbance: $t(51.02) = -3.18, p = 0.003$; social function: $t(44.30) = 2.39, p = 0.02$).

